

CITY OF NEWPORT DEPARTMENT OF FINANCE & ADMINISTRATION LICENSE DIVISION

(859) 292-3660

REINSTATEMENT OF RENTAL DWELLING LICENSE ALL FEES ARE PAYABLE AT THE TIME OF APPLICATION

CN-25B

APPLICATION INFORMATION					
NAME OF APPLICANT					
TRADE NAME OR DBA					
MAILING ADDRESS					
STREET	CITY	S	ГАТЕ	ZIP	
CHECK TYPE OF OWNERSHIP SOLE O	WNER COR	PORATION	PARTNERSHIP		
CORPORATE INFORMATION					
If owner is a corporation, please list corporate name exactly as it	appears on your state a	nd federal tax return.			
Corporate Name Date and State of Incorporation					
OWNER(S) OF BUSINESS					
If an individual, provide full name, residence address and telephe					
If a partnership, provide name, residence address and telephone	number of each partner				
If a corporation, provide name, address and telephone number of	the chief operating offic	er.	_		
NAME/ADDRESS	TITLE	TELE. NO.			
IF CORPORATION, NAME AND ADDRESS OF AGENT FOR	SERVICE OF PROCE	SS			
NAME	ADDRESS				
P.O. BOX OR COMMERCIAL MAILING ADDRESSES ARE I	NOT ACCEPTABLE				
MANAGEMENT OF THE PREMISES					
List duly authorized representative who is responsible for operati	ing and managing the pr	roperty in the City: IF	OWNER, WRITE SAM	E	
Name Title		Email			
Residence Address					
Telephone #	Emergene	cy#			
Signed X					
	20				
X Notary	Public State of				
My commission expires					

PROPERTY INFORMATION

THE REINSTATEMENT FEE FOR A RENTAL DWELLING LICENSE IS \$500.00 PER UNIT

Each initial written application shall be accompanied by a Release Of Condemnation letter from the Code Enforcement Division.

REGULAR RENTAL AND RENEWAL FEES

For property purchased after July 1 this fee is prorated as follows:

 $7/1 \cdot 12/31 = 40.00 per unit

 $1/1 \cdot 6/30 = 20.00 per unit

A penalty of 50% shall be added if payment is made more than 15 days past the due date and the prorated fee shall NOT apply if the payment is made more than 15 days past the due date.

Please list all the property addresses and the numbers and types of units in the spaces provided. List each unit within separately.

PROPERTY ADDRESS	DATE OF PURCHAS	E FLOOR NO.	UNIT NO. OR LETTER
'AL UNITS (\$500.00 PER UNI	T FOR REINSTATEMENT) Per Cha	apter 99 (Newport Code Of Or	dinances)
AL FEES DUE			
	I hereby certify	that all the information and st	atements herein are true and
CITY OF NEWPORT	correct. Further	, I understand that acceptance	e of this form by the Finance
KE PAYABLE TO: DEPT. OF FINANCE	Department doe	s not constitute approval.	
RENTAL DIVISION	v		
RETURN TO: P.O. BOX 1090	Signed X		
NEWPORT, KY 41071·0090	4		
	Official Title	Partner, Member, Agent, etc.)	Date
	(Owner, Officer,	ranner, member, rigent, etc./	
ROPERTY APPROVAL			
ll property locations must be inspected and approved by	the following City Departments if applicable.	No license can be issued until the	properties have all the necessary ag
X			
Zoning Administrator (859) 292-3637	DATE		
X	<u>-</u>		
Building Inspector (859) 292-3637	DATE		
X	DATE		
Fire Inspector (859) 292-3615	DATE		
Fire Inspector (699) 292-3615	DATE		
		THE LICENSE IS:	
	Approve		
	Approve Denied	ed Conditionally (Conditions at	πacneα)
		day of	90
		uay or	
	X		
	License Ins	spector	

In the event that any of the information required in this application should change, the applicant shall within fourteen (14) days notify the Chief Financial Officer or his/her designee in writing.

Any person who allows any rental dwelling to be occupied or rented to another without filing the necessary application form to obtain a license may be subject to civil or criminal penalties or both.